

State of Illinois

Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

Version -1.1

Last Revision Date: 12-07-2011

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Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	CB	Patient Last Name	A/N	15	X(15)	Req

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Insurance		MANDATORY	Segment ID: 04			
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'00000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	N	12	9(12)	Sit	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Sit	
442	E7	Quantity Dispensed	N	10	9(7)v999	Req	
403	D3	Fill Number	N	2	9(2)	Req	
405	D5	Days Supply	N	3	9(3)	Req	
406	D6	Compound Code	N	1	9(1)	Req	
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req	
414	DE	Date Prescription Written	N	8	9(8)	Req	

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B1 Billing

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	
354	NX	Submission Clarification Code Count	N	1	9(1)	Sit	
420	DK	Submission Clarification Code	N	2	9(2)	Sit	*Repeating-Field*
308	C8	Other Coverage Code	N	2	9(2)	Sit	
461	EU	Prior Authorization Type Code	N	2	9(2)	Sit	
462	EV	Prior Authorization Number Submitted	N	11	9(11)	Sit	
343	HD	Dispensing Status	A/N	1	X(1)	Sit	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Sit	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Sit	
995	E2	Route of Administration	A/N	11	X(11)	Sit	
996	G1	Compound Type	A/N	2	X(2)	Sit	

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Compound		SITUATIONAL	Segment ID:	10			
111	AM	Segment Identification	A/N	2	X(2)	Req	
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req	
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req	
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req	Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field* Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Pricing		MANDATORY	Segment ID:	11			
111	AM	Segment Identification	A/N	2	X(2)	Req	
409	D9	Ingredient Cost Submitted	N	8	S9(6)v99	Req	
412	DC	Dispensing Fee Submitted	N	8	S9(6)v99	Sit	
478	H7	Other Amount Claimed Submitted Count	N	1	9(1)	Sit	
479	H8	Other Amount Claimed Submitted Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
480	H9	Other Amount Claimed Submitted	N	8	S9(6)v99	Sit	*Repeating-Field*
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req	
430	DU	Gross Amount Due	N	8	S9(6)v99	Req	

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prescriber		SITUATIONAL	Segment ID: 03			
111	AM	Segment Identification	A/N	2	X(2)	Req
466	EZ	Prescriber ID Qualifier	A/N	2	X(2)	Req
411	DB	Prescriber ID	A/N	15	X(15)	Req
427	DR	Prescriber Last Name	A/N	15	X(15)	Req
498	PM	Prescriber Phone Number	N	10	9(10)	Req
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit
364	2J	Prescriber First Name	A/N	12	X(12)	Req

Valid value '01'
10 position NPI

Valid value '01'
10 position NPI

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
COB/Other Payments		SITUATIONAL	Segment ID: 05				
111	AM	Segment Identification	A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Payments Count	N	1	9(1)	Req	
338	5C	Other Payer Coverage Type	A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID	A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date	N	8	9(8)	Sit	*Repeating-Field*
341	HB	Other Payer Amount Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342	HC	Other Payer Amount Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid	N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count	N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code	A/N	3	X(3)	Sit	*Repeating-Field-2*

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
DUR/PPS		SITUATIONAL	Segment ID: 08				
111	AM	Segment Identification	A/N	2	X(2)	Req	
473	7E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
440	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
441	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*

Value 'MA' required for service billing.

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B1 *Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Clinical		SITUATIONAL	Segment ID:	13			
111	AM	Segment Identification	A/N	2	X(2)	Req	
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field* May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field* "01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*

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B2 *Billing Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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B2 *Billing Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
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Insurance		SITUATIONAL	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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B2 *Billing Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'000000000000' for compound submission or service billing.

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B2 *Billing Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
DUR/PPS		SITUATIONAL	Segment ID:	08			
111	AM	Segment Identification	A/N	2	X(2)	Req	
473	7E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
440	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
441	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*

Value 'MA' required for service billing.

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	CB	Patient Last Name	A/N	15	X(15)	Req

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
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Insurance		MANDATORY	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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B3 Billing Rebill

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'00000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	N	12	9(12)	Sit	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Sit	
442	E7	Quantity Dispensed	N	10	9(7)v999	Req	
403	D3	Fill Number	N	2	9(2)	Req	
405	D5	Days Supply	N	3	9(3)	Req	
406	D6	Compound Code	N	1	9(1)	Req	
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req	
414	DE	Date Prescription Written	N	8	9(8)	Req	

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	
354	NX	Submission Clarification Code Count	N	1	9(1)	Sit	
420	DK	Submission Clarification Code	N	2	9(2)	Sit	*Repeating-Field*
308	C8	Other Coverage Code	N	2	9(2)	Sit	
461	EU	Prior Authorization Type Code	N	2	9(2)	Sit	
462	EV	Prior Authorization Number Submitted	N	11	9(11)	Sit	
343	HD	Dispensing Status	A/N	1	X(1)	Sit	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Sit	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Sit	
995	E2	Route of Administration	A/N	11	X(11)	Sit	
996	G1	Compound Type	A/N	2	X(2)	Sit	

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Compound		SITUATIONAL	Segment ID:	10			
111	AM	Segment Identification	A/N	2	X(2)	Req	
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req	
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req	
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req	Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field* Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Pricing		MANDATORY	Segment ID:	11			
111	AM	Segment Identification	A/N	2	X(2)	Req	
409	D9	Ingredient Cost Submitted	N	8	S9(6)v99	Req	
412	DC	Dispensing Fee Submitted	N	8	S9(6)v99	Sit	
478	H7	Other Amount Claimed Submitted Count	N	1	9(1)	Sit	
479	H8	Other Amount Claimed Submitted Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
480	H9	Other Amount Claimed Submitted	N	8	S9(6)v99	Sit	*Repeating-Field*
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req	
430	DU	Gross Amount Due	N	8	S9(6)v99	Req	

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prescriber		SITUATIONAL	Segment ID: 03			
111	AM	Segment Identification	A/N	2	X(2)	Req
466	EZ	Prescriber ID Qualifier	A/N	2	X(2)	Req
411	DB	Prescriber ID	A/N	15	X(15)	Req
427	DR	Prescriber Last Name	A/N	15	X(15)	Req
498	PM	Prescriber Phone Number	N	10	9(10)	Req
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit
364	2J	Prescriber First Name	A/N	12	X(12)	Req

Valid value '01'
10 position NPI

Valid value '01'
10 position NPI

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
COB/Other Payments		SITUATIONAL	Segment ID: 05				
111	AM	Segment Identification	A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Payments Count	N	1	9(1)	Req	
338	5C	Other Payer Coverage Type	A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID	A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date	N	8	9(8)	Sit	*Repeating-Field*
341	HB	Other Payer Amount Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342	HC	Other Payer Amount Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid	N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count	N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code	A/N	3	X(3)	Sit	*Repeating-Field-2*

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
DUR/PPS		SITUATIONAL	Segment ID:	08			
111	AM	Segment Identification	A/N	2	X(2)	Req	
473	7E	DUR/PPS Code Counter	N	1	9(1)	Sit	*Repeating-Field*
439	E4	Reason For Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
440	E5	Professional Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
441	E6	Result Of Service Code	A/N	2	X(2)	Sit	*Repeating-Field*
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Sit	*Repeating-Field*

Value 'MA' required for service billing.

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B3 *Billing Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Clinical		SITUATIONAL	Segment ID:	13			
111	AM	Segment Identification	A/N	2	X(2)	Req	
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field* May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field* "01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*

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D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	CB	Patient Last Name	A/N	15	X(15)	Req

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Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
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Insurance		MANDATORY				
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Segment ID: **04**

111	AM	Segment Identification	A/N	2	X(2)	Req
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302	C2	Cardholder ID	A/N	20	X(20)	Req
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9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

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Department of Healthcare and Family Services

Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 Predetermination of Benefits

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'000000000000' for compound submission or service billing.
442	E7	Quantity Dispensed	N	10	9(7)v999	Req	
403	D3	Fill Number	N	2	9(2)	Req	
405	D5	Days Supply	N	3	9(3)	Req	
406	D6	Compound Code	N	1	9(1)	Req	
408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	X(1)	Req	
414	DE	Date Prescription Written	N	8	9(8)	Req	
415	DF	Number Of Refills Authorized	N	2	9(2)	Req	
419	DJ	Prescription Origin Code	N	1	9(1)	Req	

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Compound		SITUATIONAL	Segment ID:	10			
111	AM	Segment Identification	A/N	2	X(2)	Req	
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Req	
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Req	
447	EC	Compound Ingredient Component Count	N	2	9(2)	Req	Max Occ 25 Max Occ 25
488	RE	Compound Product ID Qualifier	A/N	2	X(2)	Req	*Repeating-Field* Valid value "03"
489	TE	Compound Product ID	A/N	19	X(19)	Req	*Repeating-Field*
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Req	*Repeating-Field*
449	EE	Compound Ingredient Drug Cost	N	8	S9(6)v99	Req	*Repeating-Field*

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Pricing		MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
409	D9	Ingredient Cost Submitted	N	8	S9(6)v99	Req
412	DC	Dispensing Fee Submitted	N	8	S9(6)v99	Sit
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prescriber		SITUATIONAL	Segment ID: 03			
111	AM	Segment Identification	A/N	2	X(2)	Req
466	EZ	Prescriber ID Qualifier	A/N	2	X(2)	Req
411	DB	Prescriber ID	A/N	15	X(15)	Req
427	DR	Prescriber Last Name	A/N	15	X(15)	Req
498	PM	Prescriber Phone Number	N	10	9(10)	Req
468	2E	Primary Care Provider ID Qualifier	A/N	2	X(2)	Sit
421	DL	Primary Care Provider ID	A/N	15	X(15)	Sit
470	4E	Primary Care Provider Last Name	A/N	15	X(15)	Sit
364	2J	Prescriber First Name	A/N	12	X(12)	Req

Valid value '01'
10 position NPI

Valid value '01'
10 position NPI

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

D1 *Predetermination of Benefits*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Clinical		SITUATIONAL	Segment ID:	13		
111	AM	Segment Identification	A/N	2	X(2)	Req
491	VE	Diagnosis Code Count	N	1	9(1)	Sit *Repeating-Field* May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit *Repeating-Field* "01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit *Repeating-Field*

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

E1 *Eligibility Verification*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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E1 *Eligibility Verification*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

E1 *Eligibility Verification*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Insurance		MANDATORY	Segment ID: 04			
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req
312	CC	Cardholder First Name	A/N	12	X(12)	Sit
313	CD	Cardholder Last Name	A/N	15	X(15)	Sit

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

P2 *Prior Approval Reversal (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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Department of Healthcare and Family Services
Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

P2 *Prior Approval Reversal (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
--------------	----------	------------	--------	------	-----	------------

Insurance		SITUATIONAL	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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P2 *Prior Approval Reversal (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prior Authorization		SITUATIONAL	Segment ID: 12			
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	PB	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PY	Prior Authorization Number Assigned	N	11	9(11)	Req
503	F3	Authorization Number	A/N	20	X(20)	Sit

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

P3 *Prior Approval Inquiry (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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P3 *Prior Approval Inquiry (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
--------------	----------	------------	--------	------	-----	------------

Insurance		SITUATIONAL	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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P3 *Prior Approval Inquiry (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prior Authorization		MANDATORY	Segment ID: 12			
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	PB	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PY	Prior Authorization Number Assigned	N	11	9(11)	Req
503	F3	Authorization Number	A/N	20	X(20)	Sit

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
--------------	----------	------------	--------	------	-----	------------

Insurance		MANDATORY	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Claim		MANDATORY	Segment ID:	07		
111	AM	Segment Identification	A/N	2	X(2)	Req
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req
						Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req
						Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req
						'000000000000' for compound submission or service billing.
442	E7	Quantity Dispensed	N	10	9(7)v999	Req
405	D5	Days Supply	N	3	9(3)	Req
415	DF	Number Of Refills Authorized	N	2	9(2)	Req
995	E2	Route of Administration	A/N	11	X(11)	Sit

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prior Authorization		MANDATORY	Segment ID: 12			
111	AM	Segment Identification	A/N	2	X(2)	Req
498	PA	Request Type	A/N	1	X(1)	Req
498	PB	Request Period Date Begin	N	8	9(8)	Req
498	PC	Request Period Date End	N	8	9(8)	Req
498	PD	Basis Of Request	A/N	2	X(2)	Req
498	PP	Prior Authorization Supporting Documentation	A/N	500	X(500)	Sit

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Prescriber		SITUATIONAL	Segment ID: 03			
111	AM	Segment Identification	A/N	2	X(2)	Req
466	EZ	Prescriber ID Qualifier	A/N	2	X(2)	Req
411	DB	Prescriber ID	A/N	15	X(15)	Req
427	DR	Prescriber Last Name	A/N	15	X(15)	Req
498	PM	Prescriber Phone Number	N	10	9(10)	Req
364	2J	Prescriber First Name	A/N	12	X(12)	Req

Valid value '01'
10 position NPI

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P4 *Prior Approval Request Only (Claim)*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Clinical		SITUATIONAL	Segment ID:	13			
111	AM	Segment Identification	A/N	2	X(2)	Req	
491	VE	Diagnosis Code Count	N	1	9(1)	Sit	*Repeating-Field* May Occ 2
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Sit	*Repeating-Field* "01" for ICD9 "02" ICD10
424	DO	Diagnosis Code	A/N	15	X(15)	Sit	*Repeating-Field*

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	CB	Patient Last Name	A/N	15	X(15)	Req

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Provider Payor Sheets for NCPDP Version D.0 ECP Input Transactions

S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Insurance		MANDATORY	Segment ID: 04			
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'000000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	N	12	9(12)	Req	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Req	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03'.
445	EA	Originally Prescribed Product/Service Code	A/N	19	X(19)	Req	

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Pricing		MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
477	BE	Professional Service Fee Submitted	N	8	S9(6)v99	Req
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
COB/Other Payments		SITUATIONAL	Segment ID: 05				
111	AM	Segment Identification	A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Payments Count	N	1	9(1)	Req	
338	5C	Other Payer Coverage Type	A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID	A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date	N	8	9(8)	Sit	*Repeating-Field*
341	HB	Other Payer Amount Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342	HC	Other Payer Amount Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid	N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count	N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code	A/N	3	X(3)	Sit	*Repeating-Field-2*

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S1 *Service Billing*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
DUR/PPS		SITUATIONAL	Segment ID:	08			
111	AM	Segment Identification	A/N	2	X(2)	Req	
473	7E	DUR/PPS Code Counter	N	1	9(1)	Req	*Repeating-Field*
440	E5	Professional Service Code	A/N	2	X(2)	Req	*Repeating-Field*

Value 'MA' required for service billing.

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S2 *Service Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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S2 *Service Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
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Insurance		SITUATIONAL	Segment ID:	04		
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

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S2 *Service Reversal*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'000000000000' for compound submission or service billing.

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Transaction Header		MANDATORY	Segment ID:			
101	A1	BIN Number	N	6	9(6)	Req Valid value '008259'
102	A2	Version/Release Number	A/N	2	X(2)	Req Valid value 'D0' for all transactions.
103	A3	Transaction Code	A/N	2	X(2)	Req
104	A4	Processor Control Number	A/N	10	X(10)	Req
109	A9	Transaction Count	A/N	1	X(1)	Req
202	B2	Service Provider ID Qualifier	A/N	2	X(2)	Req Valid value '01'
201	B1	Service Provider ID	A/N	15	X(15)	Req 10 position NPI followed by 5 spaces
401	D1	Date Of Service	N	8	9(8)	Req
110	AK	Software Vendor/Certification ID	A/N	10	X(10)	Req

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Patient		SITUATIONAL	Segment ID:	01		
111	AM	Segment Identification	A/N	2	X(2)	Req
304	C4	Date Of Birth	N	8	9(8)	Req
305	C5	Patient Gender Code	N	1	9(1)	Req
311	CB	Patient Last Name	A/N	15	X(15)	Req

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
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Insurance		MANDATORY	Segment ID: 04			
111	AM	Segment Identification	A/N	2	X(2)	Req
302	C2	Cardholder ID	A/N	20	X(20)	Req

9 byte numeric HFS recipient number for all transactions. For the E1, Eligibility Verification transaction, a 9 byte numeric Social Security Number is allowed.

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
Claim		MANDATORY	Segment ID:	07			
111	AM	Segment Identification	A/N	2	X(2)	Req	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Req	Value '1' for prescription Number. Value '2' for Service Reference Number
402	D2	Prescription/Service Reference Number	N	12	9(12)	Req	
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03' for billing. Value '06' for service billing. Valid value '03' or '32' for prior approval.
407	D7	Product/Service ID	A/N	19	X(19)	Req	'000000000000' for compound submission or service billing.
456	EN	Associated Prescription/Service Reference Number	N	12	9(12)	Req	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Req	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Req	Valid value '03'.
445	EA	Originally Prescribed Product/Service Code	A/N	19	X(19)	Req	

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status
Pricing		MANDATORY	Segment ID:	11		
111	AM	Segment Identification	A/N	2	X(2)	Req
477	BE	Professional Service Fee Submitted	N	8	S9(6)v99	Req
426	DQ	Usual And Customary Charge	N	8	S9(6)v99	Req
430	DU	Gross Amount Due	N	8	S9(6)v99	Req

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
COB/Other Payments		SITUATIONAL	Segment ID: 05				
111	AM	Segment Identification	A/N	2	X(2)	Req	
337	4C	Coordination Of Benefits/Other Payments Count	N	1	9(1)	Req	
338	5C	Other Payer Coverage Type	A/N	2	X(2)	Req	*Repeating-Field*
339	6C	Other Payer ID Qualifier	A/N	2	X(2)	Sit	*Repeating-Field*
340	7C	Other Payer ID	A/N	10	X(10)	Sit	*Repeating-Field*
443	E8	Other Payer Date	N	8	9(8)	Sit	*Repeating-Field*
341	HB	Other Payer Amount Paid Count	N	1	9(1)	Sit	*Repeating-Field*
342	HC	Other Payer Amount Paid Qualifier	A/N	2	X(2)	Sit	*Repeating-Field-2*
431	DV	Other Payer Amount Paid	N	8	S9(6)v99	Sit	*Repeating-Field-2*
471	5E	Other Payer Reject Count	N	2	9(2)	Sit	*Repeating-Field*
472	6E	Other Payer Reject Code	A/N	3	X(3)	Sit	*Repeating-Field-2*

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S3 *Service Rebill*

Field Number	Field ID	Field Name	Format	Size	Pic	HFS Status	
DUR/PPS		SITUATIONAL	Segment ID:	08			
111	AM	Segment Identification	A/N	2	X(2)	Req	
473	7E	DUR/PPS Code Counter	N	1	9(1)	Req	*Repeating-Field*
440	E5	Professional Service Code	A/N	2	X(2)	Req	*Repeating-Field*

Value 'MA' required for service billing.